## Best Available Copy

|   |  |   |                                       |              |                              |                  |            | Application or Docket Number |         |                        |         |                                       |                          |
|---|--|---|---------------------------------------|--------------|------------------------------|------------------|------------|------------------------------|---------|------------------------|---------|---------------------------------------|--------------------------|
| PATENT APPLICATION FEE DETERMINATION RECOI<br>Effective October 1, 2001               |  |   |                                       |              |                              |                  |            | 7218(1                       |         |                        |         |                                       |                          |
|   |  |   | T-1/1/                                |              |                              |                  |            |                              |         |                        |         |                                       |                          |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |              |                              |                  |            | SMALL ENTITY TYPE            |         |                        | OR      | OTHER<br>SMALL                        |                          |
| TOTAL CLAIMS  |  |   | TP 12                                 |              |                              |                  | ſ          | RATE                         |         | FEE                    | 1       | RATE                                  | FEE                      |
| FOR   |  |   | NUMBER FILED                          |              | NUMBER EXTRA                 |                  |            | BASIC FEE 3                  |         | 370.00                 | OR      | BASIC FEE                             | 740.00                   |
| TOTAL CHARGEABLE CLAIMS   |  |   | /d minus 20=                          |              | *                            |                  |            | X\$ 9=                       |         |                        | OR      | X\$18=                                | 1                        |
| INDEPENDENT CLAIMS  |  |   | ク minus 3 =                           |              | *                            |                  |            | X42=                         |         |                        | OR      | X84=                                  | 7                        |
| MULTIPLE DEPENDENT CLAIM P  |  |   | RESENT                                |              |                              |                  | +140       |                              |         |                        | OR      | +280=                                 | .                        |
| * If  | the difference   | in column 1 is                            | less than zero, enter "0" in column 2 |              |                              |                  | Į          | TOTAL                        |         |                        | OR      | TOTAL                                 | 740                      |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |              |                              |                  |            |                              |         |                        |         | OTHER                                 | THAN                     |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |              |                              |                  |            | SMAI                         | LL I    | ENTITY                 | OR      | SMALL                                 | ENTITY                   |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RA         | RATI                         | E       | ADDI-<br>TIONAL<br>FEE |         | RATE                                  | ADDI-<br>TIONAL<br>FEE   |
|   | Total  | *   | Minus                                 | **           |                              | =                |            | X\$ 9                        |         |                        | OR      | X\$18=                                |                          |
| ME  | Independent  | *   | Minus                                 | ***          |                              | =                | ]          | X42:                         | =       |                        | OR      | X84=                                  |                          |
| ₹_  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEI                           | PENDEN       | T CLAIM                      |                  | ]          | . 140                        |         |                        |         | +280=                                 |                          |
|   |  |   |                                       |              |                              |                  |            | +140                         | <br>TAL | 7.<br>2.               | OR      | TOTAL                                 | constant in him of the E |
|   |  |   |                                       |              |                              |                  |            | ADDIT. F                     |         | <u></u>                | OR      | ADDIT. FEE                            |                          |
|   | A STATE OF THE STA | (Column 1)                                |                                       |              | mn 2)<br>HEST                | (Column 3)       | ,<br>1     |                              |         | ADDI-                  | 1 ·     | · · · · · · · · · · · · · · · · · · · | ADDI-                    |
| AMENDMENT B   |  | REMAINING AFTER AMENDMENT                 |                                       | PREV         | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |            | RAT                          | E       | TIONAL<br>FEE          |         | RATE                                  | TIONAL<br>FEE            |
|   | Total  |   | Minus                                 | **           |                              | =                | $] \ [$    | X\$ 9                        | =       |                        | OR      | X\$18=                                |                          |
|   | Independent  | **************************************    | Minus                                 | ***          |                              | =                | ]          | X42:                         | =       |                        | OR      | X84=                                  |                          |
| L   | FIRST PRESENTATION OF M  |   | ULTIPLE DEPENDEN                      |              | CLAIM                        |                  | J          | 1 10                         |         |                        |         | .000                                  | Marian                   |
|   |  |   |                                       |              |                              |                  |            | +140                         |         |                        | OR      | +280=<br>TOTAL                        |                          |
|   |  |   |                                       |              |                              |                  |            | ADDIT. F                     |         |                        | OR      | ADDIT. FEE                            |                          |
|   |  | (Column 1)<br>CLAIMS                      | (Column 2) (Column 3)                 |              |                              |                  |            |                              |         |                        |         |                                       |                          |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUN<br>PREVI | MBER<br>HOUSLY<br>FOR        | PRESENT<br>EXTRA |            | RATI                         | Ε       | ADDI-<br>TIONAL<br>FEE |         | RATE                                  | ADDI-<br>TIONAL<br>FEE   |
|   | Total .  |   | Minus                                 | **           |                              | =                | ] [        | X\$ 9                        | =       |                        | OR      | X\$18=                                |                          |
| ME  | independent  |   | Minus                                 | ***          |                              | =-               | ]          | X42:                         | =       |                        | OR      | X84=                                  |                          |
| **  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEPENDEN                      |              | T CLAIM                      |                  | <b> </b> L |                              |         |                        | 1       | .000                                  |                          |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                       |              |                              |                  |            | +140                         |         |                        | OR      | +280=                                 |                          |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  |   |                                       |              |                              |                  |            |                              | EE      |                        | OR      | TOTAL<br>ADDIT. FEE                   |                          |
|   | The "Highest Num   | nber Previously Pa                        | id For" (Total o                      | r Indepen    | dent) is the                 | highest numb     | er fou     | und in the                   | е ар    | propriate bo           | x in co | olumn 1.                              |                          |